Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Health, Division of Mental Health
108 Cherry Street, Burlington, Vermont 05401

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Joan Mongeon

DATE: December 2, 2005

RE: Child and Adolescent Caseload Segregation/Integration in Vermont

For a number of years, Vermont has been measuring service system integration in order to help monitor its progress toward the vision of an integrated, coordinated "system of care". This vision has helped guide the professional activity of people working with children and adolescents for almost two decades. Our approach to monitoring service system integration is based on the measurement of caseload overlap: the degree to which child-serving agencies share responsibility for serving children and adolescents with emotional disorders.[1,2] In addition to its use within Vermont, our measure of Caseload Segregation/Integration is one of Vermont's selected outcome measures that are reported to the Substance Abuse and Mental Health Services Administration in support of our annual block grant application.

The attached graph and table provide the Caseload Segregation/Integration Ratios (C-SIR) for each of Vermont's community mental health service areas for twelve fiscal years 1993- 2005. C-SIR ratios may vary from zero to one hundred. At the extremes, interpretation of the Caseload Segregation/Integration is unambiguous. A service system in which child-serving agencies have no caseload overlap (C-SIR=0) indicates poor performance by a local system of care for children and adolescents with severe emotional disturbances. On the other hand when child-serving agencies approach total caseload overlap (C-SIR=100) the individualized focus that is a core value of the system of care philosophy is probably lacking from the service system.[3] A system that treats all children and adolescents identically is probably a poor example of a child-focused system of care.

The calculation of these Caseload Segregation/Integration Ratios relies exclusively on existing databases maintained by three state level child-serving agencies: the children's mental health caseload database, the child protection/custody agency database, and the public school database for young people with an individualized educational plan for an emotional/behavioral disorder. Because these three service sectors do not share unique person identifiers, unduplicated counts of the number of children and adolescents served in the service sectors were determined using Probabilistic Population Estimation.[4,5]

The results of this analysis indicate that Vermont has experienced a fairly consistent increase in caseload integration from FY1993, when the ratio was 21, through FY2005, when the ratio was 37. Addison County had the greatest level of caseload integration in the state of Vermont during every year in the report period. Every region of the state experienced increased caseload

integration during this period. Caseload integration increased by more than 200% in Chittenden County and Northwestern Vermont, and more than doubled in Orange and Rutland Counties. Bennington County had the lowest caseload integration in 2005 and experienced the least growth in caseload integration during the report period.

We will appreciate hearing your observations, interpretations, and suggestions for further analysis to 802.863.7249 or pip@vdh.state.vt.us.

References

[1] Pandiani JA, Banks SM, and Schacht LM: (1999). Caseload Segregation/Integration: A Measure of Shared Responsibility for Children and Adolescents. *Journal of Emotional and Behavioral Disorders*, 7 (2) 66-71.

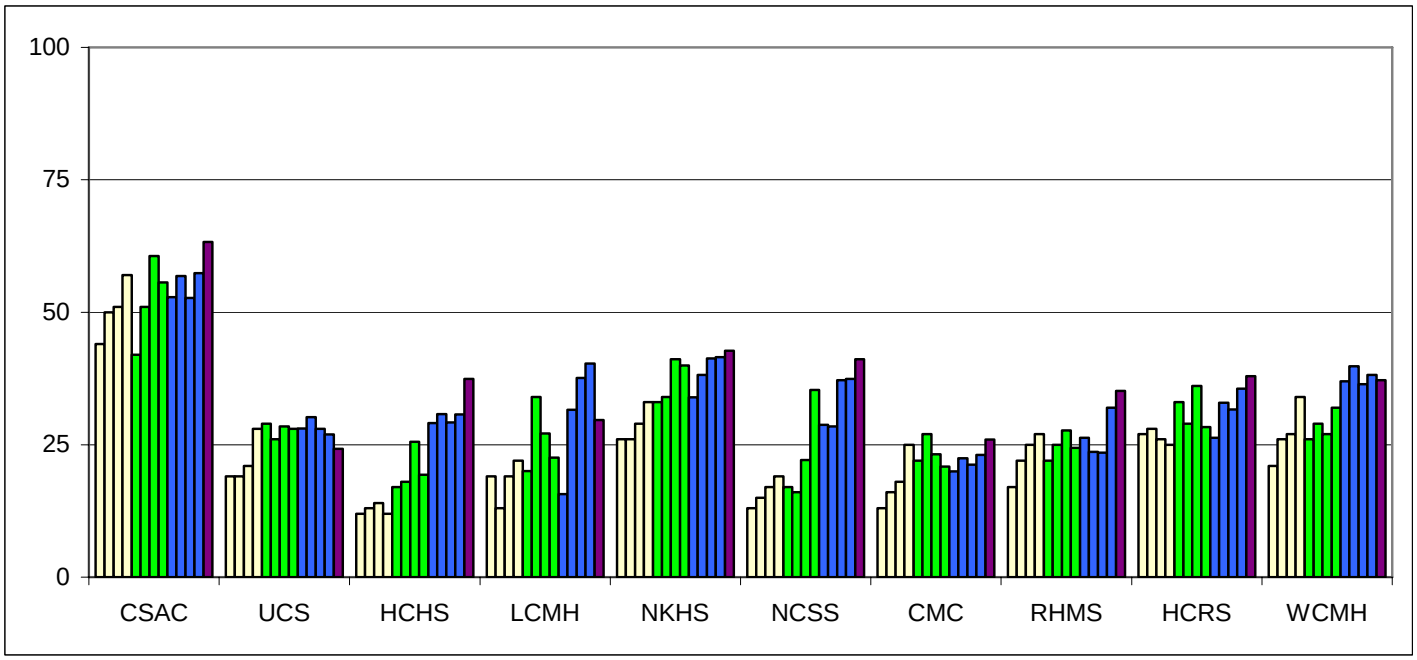
[2] Pandiani JA, Banks SM, and Schacht LM (2001). After Children's Services: A Longitudinal Study of Significant Life Events. *Journal of Emotional and Behavioral Disorders.* Vol. 9 (2).

[3] Stroul BA and Friedman RM (1986). A System of Care for Children and Youth with Severe Emotional Disturbances. (Revised edition). Washington DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

[4] Banks SM, and Pandiani JA (2001). Probabilistic Population Estimation of the Size and Overlap of Data Sets Based on Date of Birth. *Statistics in Medicine.* Vol. 20.

[5] Pandiani JA, Banks SM, and Schacht LS: (1998). Personal privacy vs. public accountability: A technological solution to an ethical dilemma. *The Journal of Behavioral Health Services and Researc*h, 25 (4) 456-463.

CASELOAD SEGREGATION/INTEGRATION IN VERMONT FY 1993-2005



Region/Provider	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Addison - CSAC	44	50	51	57	42	51	61	56	53	57	53	57	63
Bennington - UCS	19	19	21	28	29	26	28	28	28	30	28	27	24
Chittenden - HCHS	12	13	14	12	17	18	26	19	29	31	29	31	37
Lamoille - LCMH	19	13	19	22	20	34	27	23	16	32	38	40	30
Northeast - NKHS	26	26	29	33	33	34	41	40	34	38	41	42	43
Northwest - NCSS	13	15	17	19	17	16	22	35	29	28	37	37	41
Orange - CMC	13	16	18	25	22	27	23	21	20	22	21	23	26
Rutland - RMHS	17	22	25	27	22	25	28	24	26	24	23	32	35
Southeast - HCRS	27	28	26	25	33	29	36	28	26	33	32	36	38
Washington - WCMH	21	26	27	34	26	29	27	32	37	40	36	38	37
Statewide Average	**21**	**23**	**25**	**28**	**26**	**29**	**32**	**31**	**30**	**33**	**33**	**36**	**37**

Caseload Segregation/Integration Ratio (CSIR) is a measure of the amount of caseload overlap among child serving agencies. CSIR values range from "0" (a service system in which child serving agencies have no overlap) to "100" (a service system in which there is total overlap). The CSIRs reported here are based on data held in the databases of the State of Vermont Department of Mental Health Services, Social and Rehabilitation Services and the Department of Education. Since these databases do not share common identifiers, probabilistic population estimation was used to derive CSIR values. For more information,see: Pandiani, J.A., Banks, S.M., & Schacht, LM. (1999). Caseload segregation/integration: A measure of shared responsibility for children and adolescents. Journal of Emotional and Behavioral Disorders, 7(2), 66-71.